



CWDA CCR Theoretical and Integrated Practice Summary (TIPS) Sheet #3 Mental Health Components for STRTPs

We wanted to provide you with some information and guidance based on “lessons learned” from numerous calls that CWDA representatives have been on with individual counties, CDSS, CBHDA, CPOC with regard to Specialty Mental Health Services in the context of STRTPs, Group Homes transitioning to STRTPs, STRTP/Group Home 14-day notices and non-admissions.

This document was developed in collaboration with our colleagues at CBHDA. Version 3 of the STRTP Interim Licensing Standards effective 1/11/2019 is available on the CCR website (<http://www.cdss.ca.gov/inforesources/Continuum-of-Care-Reform>). The STRTP Mental Health Program Approval document is available on one of the Department of Health Care Services’ websites (https://www.dhcs.ca.gov/services/MH/Documents/PPQA%20Pages/Interim_Protocol_for_STRTP_Mental_Health%20Approval.pdf).

This guidance is intended to help County Placing Agency Staff to understand what is happening in relation to addressing the mental health needs of the child. In addition, the guidance offers insight into timelines around the Specialty Mental Health Services (as well as psychotropic medication) that may be relevant.

Needs and Services Plan (NSP) ILS 87068.2.

As noted in CWDA TIPS Sheet #1, a customized NSP should be created by the STRTP for every child within 30 days of STRTP placement. Placing County Agency staff should be offered the opportunity by the STRTP to participate in the NSP development (ILS 87068.2[d]) and shall obtain written approval from the County Placing Agency prior to implementing the child’s NSP (ILS 87068.2[e]).

The County Placing Agency should get a copy of the approved NSP. The NSP should include specific information on each documentable mental health issue that will be addressed, and the Client Plan that outlines the SMHS that will be provided for each mental health issue, whether each SMHS will be provided on-site or by some other means, and timelines/estimates of when each SMHS will be completed. In addition to any SMHS, the NSP will also address any non-mental health/SMHS issues to be addressed (e.g., physical health, education, etc.).

Per ILS Section 87068.3, the NSP must be updated every 30 days and written approval from the County Placing Agency must be obtained for each updated NSP. County Placing Agency staff should be a part of any future NSP meeting if possible and get copies of any updates as well.

Specialty Mental Health Services (SMHS):

Also noted in CWDA TIPS Sheet #1, STRTPs must either offer SMHS on site or arrange for access to services for the youth in a timely fashion. Any SMHS provided have to be documented to Medi-Cal standards so there must be documented records of such services, and county placing staff should request such documents. Often Wraparound is mentioned, but Wraparound is not a SMHS, but a program that may include SMHS. And when pressed, the description often includes 2-4 visits per week. That is usually NOT sufficient for high-end volatile behaviors. TBS can be provided up to 24/7, is typically provided in 4-, 6-, or 8-hour blocks of time, and is not a “visit”. With good treatment planning, the learning curve for the youth and the caregivers is usually increased and are highly successful.

If there is an emergency placement into a STRTP, a placing county mental health clinician should determine within 72 hours whether the youth meets medical necessity for Specialty Mental Health Services, and an Inter-Agency Placement Committee (IPC) Meeting should occur within 30 days of the emergency placement to confirm that the most appropriate, least restrictive setting for the youth to receive the SMHS would be in a STRTP.

Timeline for SMHS

Day	Event or Action
0	Youth admitted into STRTP. STRTP Clinical Head of Service ¹ notified and makes arrangements to have Mental Health Assessment done for the youth. Upon admission and/or as soon as possible, a physician should review all psychotropic medications that a youth is currently on at the time of admission.
Daily	The short-term residential therapeutic program shall make available for each child structured mental health treatment services in the day and evening, seven days per week, according to the child’s needs as indicated on the child’s needs and services plan.
By Day 5	The intake summary shall be completed and signed by a member of the direct service program staff within five calendar days of admission that includes: ² <ul style="list-style-type: none">• Current Diagnoses;• Reason for referral;• Anticipated length of stay;

¹https://www.dhcs.ca.gov/services/MH/Documents/PPQA%20Pages/Interim_Protocol_for_STRTP_Mental_Health%20Approval.pdf Section 14

²https://www.dhcs.ca.gov/services/MH/Documents/PPQA%20Pages/Interim_Protocol_for_STRTP_Mental_Health%20Approval.pdf Section 6

Day	Event or Action
	<ul style="list-style-type: none"> • Medical history; • Academic and school history • Social history including the youth's strengths and weaknesses; • Family history, including the youth's strengths and weaknesses; • Work history of the youth, if applicable; and • Current prescribed medications. <p>A signed statement by the <u>clinical head of service</u> that he or she has considered the needs of the child established in the intake summary above and has considered the safety of the child and of the children already admitted to the short-term residential therapeutic program, and based on these considerations affirms that admitting the child is appropriate.</p> <p>Within 5 calendar days of admission (regardless if this is a planned admission or emergency admission), a mental health (MH) assessment shall be completed by a <u>licensed mental health clinician</u>.³ The STRTP can use a previous MH assessment that was completed by a licensed MH clinician in the 60 calendar days prior to admission, and the copy of that assessment must be part of the youth's STRTP records.</p>
By Day 30	<p>Before any planned SMHS are provided, medical necessity must be established. A valid Client Plan (CP) must be finalized outlining the services that will be provided. The CP is a mental health plan that is separate from a Needs and Services Plan (NSP). However, for Medi-Cal beneficiaries, the STRTP must use components of the NSP to meet the Medi-Cal requirements for the CP, the NSP must meet and contain all of the Medi-Cal requirements of the CP.</p> <p>Each CP has to be customized to each youth and include: 1) youth's strengths; 2) any special needs (and statement as to how to address those needs); and 3) specific, measurable, observable goals which addresses symptoms and/or functional impairments identified in the MH Assessment. For each goal, the CP must include at least one intervention that specifies the facility/program/individual authorized to provide services and the Medi-Cal codes which describe those services. The intervention must include descriptions of specific services to address the youth's symptoms and/or functional impairments identified in the assessment. Each intervention must also specify frequency and duration of authorized services following the start date of the CP, but no more than six months.</p>

³[https://www.dhcs.ca.gov/services/MH/Documents/PPQA%20Pages/Interim Protocol for STRTP Mental Health %20 Approval.pdf](https://www.dhcs.ca.gov/services/MH/Documents/PPQA%20Pages/Interim%20Protocol%20for%20STRTP%20Mental%20Health%20Approval.pdf) Section 7

Day	Event or Action
	<p>A CP must be signed by the youth as well as the person providing the clinical services. A copy of the CTP must be made available to the youth, as well as to the County Placing Agency.</p> <p>A prescribing physician shall examine the youth prior to modifying any medication present at admission or prior to prescribing any new psychotropic medications for potential effects and contraindications and consistent with the CP, and will provide a medical review in the youth's records.⁴</p> <p>The Licensed MH Clinician must be involved in any CFT scheduled in this time period.</p>
No more than every 42 days after psychotropic medication prescribed	<p>The prescribing physician shall conduct and sign a medication review for each child prescribed psychotropic medication.³ The medication review shall include:</p> <ul style="list-style-type: none"> • Any observed side effects of the medication. • Youth's clinical response to each psychotropic medication, as well as the youth's perspective on effectiveness of medication. • The youth's compliance with the medication. • Justification for continued use or modification to the medication plan. • A written statement that the prescribing physician has considered the goals and objectives of the youth as listed in the youth's Needs and Services Plan, and that the medication prescribed is consistent with the NSP.
Every additional 30 days	<p>The CTP must be reviewed and approved by the Clinical Head of Service. The Licensed MH Clinician must be involved in any CFT scheduled in this time period.</p>
Every 90 Days	<p>A Licensed MH Clinician shall perform a clinical review of the youth to determine appropriateness of the continuance of the child in the STRTP.⁵</p> <p>A psychiatrist shall review the course of treatment for all children who are not on psychotropic medication and include the results of this review in a progress note signed by the psychiatrist when the review is completed.</p>

⁴https://www.dhcs.ca.gov/services/MH/Documents/PPQA%20Pages/Interim_Protocol_for_STRTP_Mental_Health%20Approval.pdf Section 11

⁵https://www.dhcs.ca.gov/services/MH/Documents/PPQA%20Pages/Interim_Protocol_for_STRTP_Mental_Health%20Approval.pdf Section 13

Day	Event or Action
Before 14 Day-Notice Given	<p>A Licensed MH Clinician (preferably from the County MHP responsible for services) will be notified and will draft a statement as to why STRTP is no longer able to provide SMHS services that was initially indicated to achieve the goals as stated in the youth's most recent CTP.</p> <p>The County MHP Clinician must be involved in the mandated CFT that has to occur before a 14-day notice.</p>
Before the Day of Transfer	<p>The Mental Health Clinician must include in the Transfer Summary any relevant Medi-Cal related information. This could be an updated CTP that contains the following information:</p> <ul style="list-style-type: none"> • Youth's diagnosis at time of admission and time of transfer. • Youth's aftercare plan including any recommended follow-up. • Recommendations for child's treatment (including any time-sensitive treatment services). • Any medications (including any time-sensitive medication support or refills).

Questions to ask of the STRTP:

As indicated in the CWDA TIPS Sheet #1, there are certain clinically-related questions to ask. These include:

Are there mental health issues that are triggering events (in some instances, youth have been described as being non-compliant when in fact, their underlying mental health issues are not being address which may have behavioral manifestations)?

Per ACL 17-122, was an emergency CFT done prior to the Notice? What was written in the program statement regarding CFTs? Was the youth informed at or prior to the CFT of the Notice? Which STRTP staff was a part of the CFT?

What regular SMHS or other therapy has been provided to the child, frequency and duration, by whom, etc.? For the person providing the therapy, what was their educational level (note, a person who has no more than a bachelor's degree cannot provide clinical therapy)? In some instances, STRTPs have used "counseling," "therapy," and other similar words that actually are non-SMHS such as behavioral modification or variants of token economy.

What SMHS was provided in response to a behavior or crisis situation? One would expect to hear:

- The case manager provided ICC and facilitated additional SMHS to be considered.

- A masters/licensed clinician spent time with the youth, new or additional services were added to the Client Plan (Mental Health Treatment Plan) in their medical record that was developed to address triggers/precipitating factors, and look for alternative ways for the youth to deal with their frustration/anger.
- An appointment was set up to review psychotropic medication with the psychiatrist.
- Other SMHS services like TBS or increase in individual and group sessions were considered.
- Other supports were considered matched with their special interests, such as art or music classes, youth group activities at a church, signing up for ROP culinary class next semester at school, etc.
- The milieu staff was informed of the changes in the treatment plan and newly identified triggers to avoid. They provided prompts/reminders to the youth in how to handle their frustration and anxiety.

Therapeutic Behavioral Services (TBS)

There is often a request for a 1:1 staff to “monitor” or “baby sit” or “to keep a youth from attacking staff or AWOL’ing”. And then someone often says: “TBS can do that”. It is important to remember that while TBS can be provided up to 24/7, it is not a “baby sitting service”.

TBS is a one-to-one, brief behavioral mental health service targeting one to two behaviors. TBS addresses ways of reducing and managing challenging behaviors, as well as strategies and skills to increase the kinds of behavior that will allow youth to be successful in their current environment. TBS is designed to help youth and caregivers manage these behaviors, utilizing short- term, measurable goals based on the needs of the youth as outlined in the Client Plan.

What communication has occurred between the STRTP, the County MHP responsible for services, and the placing agency? One would expect to hear:

- A CFT was convened or is scheduled to discuss youth’s needs and updated plan.
- The MHP has been notified and agreed to authorize the additional SMHS.

Did the STRTP provide SMHS and all the other support serves that were clinically possible as outlined under their program statement to prevent the Notice? Per the updated (January 2019) regulations ILS Section 87068.4, if there is any indication that the service needs of the youth may be reaching the point that the needs are beyond the capability of the STRTP, the STRTP **must** communicate its concerns to the placing county agency, and a CFT must be conducted; further, the STRTP must request additional support from community agencies to prevent a possible notice. An emergency CFT must be done prior to any 14-day notices. If a 14-day notice is given, the notice **must** be accompanied by a signed statement by a licensed mental health clinician or mental health rehabilitation specialist as to why the STRTP was not able to meet the needs of the youth. If the STRTP is provisionally licensed and does not have a EPSDT contract yet, then the signed statement can come from an authorized STRTP representative.

Calls with the State

As indicated in the CWDA TIPS Sheet #1, after submitting the non-admittance or eject form to DSS, there are usually two calls that ensue at the request of the County. Counties generally make a request for immediate assistance when the County has exhausted what they feel are all possible options and/or the preferred STRTP is refusing to admit the youth or is giving notice.

For any calls, please have copies of any NSPs, CPs, and medical reviews, as applicable. We will work with CDSS to make every effort to hold a STRTP accountable to the most current NSP, CTPs, and medical reviews, as well as to their approved program statements and mental health plans, as applicable.

1st Call: The first call is will be without the STRTP, and includes CDSS staff, representatives from CWDA, CBHDA, and Probation (for dual jurisdictional or pure probation that may involve child welfare issues). From the county, we ask for the child welfare director (or designee), any of the appropriate CW managers, (especially important) the case carrying social worker/supervisor (anyone with direct knowledge of the youth), and the County Behavioral Health Department/Mental Health Plan clinician and supervisor responsible for SMHS (at minimum). If there is an AB 1299 component (child placed out of county and SMHS presumptively transferred), the first call should also have the Host County MHP (where the youth is placed) clinician/supervisor responsible for SMHS.

Typical information we gather at this first call: youth gender, age, mental health diagnoses and SMHS provided, history of 5150s/5250s/5585s, psychotropic medications, any other relevant health diagnoses/medications, summary of how the youth got to where they are (including past placements), and what the youth has said would be their ideal placement goal.

In addition, Counties will be asked what types of reasons have been given by the STRTP to either deny admission or provide notice. In our experience, the vast majority of non-admission and notice reasons are for token economy and/or behavior issues which include, but are not limited to:

Not following the rules;
Not following the program;
Not attending therapy;
Frequently running away;
Being defiant to authority;
Being disrespectful to staff;
Not doing things timely as asked; and
Not progressing with behaviors.

It is important to note that we are communicating a fundamental trauma-informed principle: **the history of past behaviors and current behaviors that have been and are being manifested are because a youth's significant underlying mental health issues have not and are not being addressed.** A County's Inter-Agency Placing Committee (IPC) has determined that while the

youth does not need psychiatric hospitalization, the youth does need to be in a STRTP that can address a youth's underlying mental health issues.

2nd Call: All the individuals from the first call will be asked to attend the second call. In addition, from the county side, you will be asked to have your agency director there, as well as an executive level MHP person (MHP Deputy Director/Chief for Children and Youth Services). The County Placing Agency staff will be asked to coordinate to have STRTP staff to be on the call. Typically, all the counterparts from the STRTP will be asked to be there (ST RTP Executive Director or designee, manager, house/shift supervisor etc.). In essence, at least one STRTP staff person who knows about the case, and one executive STRTP staff person who is a decision maker.

We will work towards whatever the placing county needs. If the county wants to preserve placement, we will work towards that. If the county feels a different placement is warranted, we will work to a smooth transition for the youth.

Reference

Please refer to CWDA TIPS #1 for any general process questions on STRTPs, and feel free to contact Loc Nguyen (LNguyen@cwda.org or 628-249-6821) if you have any other questions.